



In one exemplary embodiment, heparin may be immobilized onto the  
5 stent as briefly described below. The surface onto which the heparin is to be  
affixed is cleaned with ammonium peroxidisulfate. Once cleaned, alternating  
layers of polyethylenimine and dextran sulfate are deposited thereon.  
Preferably, four layers of the polyethylenimine and dextran sulfate are  
deposited with a final layer of polyethylenimine. Aldehyde-end terminated  
10 heparin is then immobilized to this final layer and stabilized with sodium  
cyanoborohydride. This process is set forth in U.S. Patent Nos. 4,613,665;  
4,810,784 to Larm and 5,049,403 to Larm et al.

Unlike rapamycin, heparin acts on circulating proteins in the blood and  
15 heparin need only make contact with blood to be effective. Accordingly, if used  
in conjunction with a medical device, such as a stent, it would preferably be  
only on the side that comes into contact with the blood. For example, if  
heparin were to be administered via a stent, it would only have to be on the  
inner surface of the stent to be effective.

20 In an exemplary embodiment of the invention, a stent may be utilized in  
combination with rapamycin and heparin to treat vascular disease. In this  
exemplary embodiment, the heparin is immobilized to the inner surface of the  
stent so that it is in contact with the blood and the rapamycin is immobilized to  
25 the outer surface of the stent so that it is in contact with the surrounding tissue.  
Figure 7 illustrates a cross-section of a band 102 of the stent 100 illustrated in  
Figure 1. As illustrated, the band 102 is coated with heparin 108 on its inner  
surface 110 and with rapamycin 112 on its outer surface 114.

30 In an alternate exemplary embodiment, the stent may comprise a  
heparin layer immobilized on its inner surface, and rapamycin and heparin on  
its outer surface. Utilizing current coating techniques, heparin tends to form a  
stronger bond with the surface it is immobilized to than does rapamycin.